

Fire Administration
101 E. Sonny Drive
Leander, TX 78641
(512) 528-2848

ASSOCIATE MEMBERSHIP APPLICATION PACKET

Established in July 2005, Associate Members are a group of volunteers assisting the Leander Fire Department and community in various ways. They provide rehabilitation services to the firefighters and on-scene crew, including; hydration, rest schedules, accountability and assist EMS crews during emergencies. They assist in making sure all personnel are able to perform their job safely while in extreme circumstances. They also provide full rehabilitation support during training programs. The Associates help organize and staff local community event functions including the Leander Fall Fun Festival, Cadet Academy graduations, and Firefighter for a Day. They take every opportunity to talk with the public and share with them about the department and what we do. The group meets on a monthly basis with quarterly training provided. For more information email Associate Lead, Gina Petty gpetty@leandertx.gov.

This is a chance to serve your community and become a part of a family that makes Leander a safer place.

Position Time Frame: Associate – **open application period**

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Section 1 - Personal Information

Name: _____ Nickname: _____
First Middle Last

Are you 18 years of age? *Circle one* YES / NO Citizen of US? *Circle one* YES / NO

Date of Birth ____/____/____ Gender: *Circle one* Male / Female
Mo / Day / Year

Address: _____
Street Apt#

City State Zip

Have you lived out of the state of Texas in the past five years? *Circle one* YES / NO
 If yes, please list state(s) or country: _____

Have you been convicted of any offense within the past five years? *Circle one* YES / NO
 If yes, please explain (attach additional pages as needed): _____

Primary Phone Number: (_____) _____ - _____ *Circle one* home / cell / work

Secondary Phone Number: (_____) _____ - _____ *Circle one* home / cell / work

Email Address: _____

Driver's License Number: _____ Class: _____ Expiration _____

Social Security Number: _____

Are you current on all Immunizations? *Circle one* YES / NO

****Please provide a copy of your shot records***

Tell us how you learned about volunteer opportunities with Leander Fire Department:

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Section 2 – A. Texas Criminal History Record

You are responsible for any costs associated with obtaining these documents. You can call the Crime Records Service of the Texas Department of Public Safety. You can call their office in Austin at 512-424-5079, option 5 for hours, locations, and fees. Please allow up to two weeks for your requests to be processed.

1. Provide us with an original of your Texas Criminal History Record ~\$29.95
2. Provide us with an original fingerprint card ~\$9.95

Section 2 – B. Driving Record

Obtain your driving record online through the Texas DPS website at a cost of ~\$7.50. Please get the **List of All Accidents and Violations in Record (Type 3)**.

<https://www.texasonline.state.tx.us/tolapp/txldrctr/TXDPSLicenseeManager>

Section 2 – C. Authorization for Driving Record and Criminal History Check

I hereby authorize the Leander Fire Department to check and review my Driving Record and Criminal History. These records are private and confidential and will be handled in accordance with the City of Leander Records Management Policy. I understand that this record check will be part of my permanent record with the Leander Fire Department. The record will be reviewed as part of my affiliation (volunteer or employment) with the Leander Fire Department.

I understand that as a member of the Leander Fire Department, my Driving Record and Criminal History may be reviewed on a regular basis.

I understand while this is optional that failure to allow this check may lead to limited or prevention of my involvement or employment with the Leander Fire Department.

I understand that signing this does not waive Sections A & B above for which I am responsible to obtain.

I _____ Circle one **DO** / **DO NOT** authorize the check of my
print full name
 Driving Record and Criminal History.

Signature Date Signed ____/____/____
Mo / Day / Year

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Section 3 – Education and Civic Information

Member Applicant Name

Education:

Please mark all degrees obtained:

- ☐ High School Diploma/GED
- ☐ Some College
- ☐ Fire Academy (ACC, Oakhill, etc.)
- ☐ Technical Degree
- ☐ Associate's Degree
- ☐ Bachelor's Degree or Higher
- ☐ Other – _____

Please describe any other training, specialized education, skills or abilities that you feel would enhance your application: _____

Civic:

Please describe any civic or community service activities in which you have participated that would make you stand out above other applicants: _____

Please describe any awards, honors, or distinctions that you have received: _____

Attach copies of diplomas, training certificates, awards or other applicable certificates that you feel will enhance your application as a volunteer member of Leander Fire Department (see page 5 for a listing of some, but not all certificates that you may have.) [Back to Page One](#)

Section 4 – Certification Information

Member Applicant Name

Fire & Medical Certifications: Please mark *highest* certification level. **Copies of certifications must be included with your application to prove completion of any of the following.**

State Firemen's and Fire Marshall's Association:

- ☐ None
- ☐ Module 1 (Introd)
- ☐ Module 2 (Basic)
- ☐ Module 3: Firefighter I (Completion)
- ☐ Module 4: Firefighter II (Advanced)**
- ☐ Master

Texas Commission on Fire Protection:

- ☐ None
- ☐ Basic
- ☐ Intermediate
- ☐ Advanced
- ☐ Master

American Heart Association

- ☐ None
- ☐ CPR*

Texas Department of State Health Services:

- ☐ None
- ☐ ECA
- ☐ EMT – B
- ☐ EMT – I
- ☐ EMP – P/LP

FEMA ICS Courses**

<http://training.fema.gov/EMIWeb/IS/crslist.asp>

- ☐ IS-100 Introduction to Incident Command System
- ☐ IS-200 ICS for Single Resources and Initial Action
- ☐ IS-700 National Incident Management System MINS
- ☐ IS-800b National Response Plan NRP

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** Must be completed within six months of acceptance

Section 5 – Experience Information

Member Applicant Name _____

Employment or Volunteer Experience:

Current or most recent employer: _____

Dates employed from/to: _____

Position/Title/Rank: _____

Job Responsibilities: _____

Previous employer: _____

Dates employed from/to: _____

Position/Title/Rank: _____

Job Responsibilities: _____

Previous employer: _____

Dates employed from/to: _____

Position/Title/Rank: _____

Job Responsibilities: _____

Please describe any previous fire or EMS experience, including department names, your ranks or positions held in each organization. _____

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Section 6 – Character References

Member Applicant Name _____

Please provide the names and contact information on three individuals (not family members).

Name: _____

Phone Number: (_____) _____ - _____ Email: _____

Relationship: _____ Length of time known: _____

Name: _____

Phone Number: (_____) _____ - _____ Email: _____

Relationship: _____ Length of time known: _____

Name: _____

Phone Number: (_____) _____ - _____ Email: _____

Relationship: _____ Length of time known: _____

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Requirements for the Position of Associate Volunteer

Qualifications:

1. Must be 18 years of age or older
2. Must possess a valid driver's license and auto liability insurance
3. Must have a good driving record
4. Must have no felony convictions
5. Must be in good physical condition
6. Prior experience not required

Physical Requirements:

1. Must be able to lift 30 pounds or higher
2. Must be able to hear alarms and respond
3. Must be able to effectively communicate via two-way radio and over the phone

Other Requirements:

1. Attend 75% of monthly meetings.
2. Attend 100% of required training as mandated by WILCO, LFD, or other agency.
3. Work at least 50% of events both emergent and scheduled events. These events include, but are not limited to, community events, public education, live fire training, etc.
4. Volunteers should respond any time they are available, to stations when called in for rehab services. This occurs when first out units are on large-scale calls, including fires, major car accidents, or other incidents that require rehab services.

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Section 7 – Acknowledgement

Member Applicant Name _____

READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND **ACCEPTANCE BY SIGNING AND DATING IN THE SPACE BELOW.**

1. I certify that all information provided by me in connection with my application whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information personal and/or otherwise, with regard to any of the subjects covered by this application, and I release all parties from liability from damages which may result from furnishing such information to you.
3. I have read and understand the physical requirements of an Associate Volunteer. I can physically meet the requirements of the position. I understand that if I have a pre-existing medical condition, illness, or injury, that it is recommended by the Leander Volunteer Fire Department, Inc., Leander Fire Department, and the City of Leander that I receive approval to participate in the fire department activities from my personal physician.
4. I understand that, if accepted, I am responsible for the cost of my uniform boots and pants

Signature

Date Signed _____
Mo / Day / Year

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